



What works? What fails?

FINDINGS FROM THE NAVRONGO COMMUNITY
HEALTH AND FAMILY PLANNING PROJECT



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Navrongo Health Research Centre

WHAT KEEPS THE VOLUNTEER GOING?

In spite of their limited professional training and restricted scope of activities, health volunteers enjoy considerable respect for their role in health service delivery at the community level. In earlier times this respect from community members was responsible for pushing the Village Health Worker to assume roles he was not qualified for. Under the CHFP, the role of the volunteer has been reviewed and a strict regime of supervision has been instituted to guide the 'village doctor' in his daily activities.



Project supervisor checking YZ drug stock level

Supervision and monitoring are tools used to ensure that things go as expected and that YZ are not left to operate entirely on their own. Supervision and monitoring are done at six different levels: sub-district, District Health Management Team (DHMT); the Community Health and Family Planning Project (CHFP); the community resident nurse (CHO); the Yezura Nakwa (YN, Health committee); and the entire community where YZ operate.

Supervision entails checking the YZ's two record books—one for patient treatment records; the other for drug records. The treatment book is checked to see the number

of patients treated for the month, drugs used and if there are referrals of patients or family planning clients. The supervisor also looks at the drug records to see how many drugs the YZ has received from the YN, when the drugs were collected, total cost of drugs received, expiry dates of drugs, cash on hand, and how much has been paid to the YN. This is to ensure that the YZ does not keep money at home but pays the YN on a regular basis to enable them settle their indebtedness and collect more drugs from the project office.

The monitoring role of community members of the YZ's work is vital because the YZ are chosen by them and live among them. Community members may report any misconduct on the part of the YZ to the YN, CHO, and supervisors from the sub-district, DHMT or project staff or simply make known their impressions about the YZ's activities at durbars.

Limit to Volunteerism

The volunteer concept has generally served communities well. Yet, like any human endeavour, the YZ concept has its share of problems. When communities are approached to select someone to train as a YZ, some Chiefs single handedly choose their relations to be trained. In such cases the YZ does not see himself as answerable to the health committee or community members. Then, as time goes on, he does not meet the community's expectations. There are instances when a YZ squanders drug money and cannot pay the YN, or absconds with funds or drugs, or refuses to go out into the community, thus bringing health service delivery to a stand still. When this happens, discussions are held with the Chief and his community to find a way of resolving the problem.

Some people accept the YZ position with ulterior motives (such as being absorbed into the Ministry of Health work force some day) and when this is not forthcoming after working for some time, they start agitating and making demands. They give all kinds of excuses to supervisors for not working during a particular period. There is a limit to volunteerism. When a YZ is tired of working, sometimes he informs the community to get somebody to replace him; but there are instances when he is removed by the community because he does not meet their expectations.

Sustaining volunteerism

The YZ concept can be sustained by concerted efforts from the DHMT, the District Assembly, the traditional leadership, the recipient community, and the volunteers themselves. At the DHMT level, the programme for YZ training should be strictly followed to get the volunteers together every quarter. The training programme should be reviewed periodically to include current health problems in order to put YZ on alert all the time.

The DHMT should figure prominently in the discussions to select volunteers, in order to let YZ know that they are going to work with the sub-district management team and not with the CHFP project or the Navrongo Health Research Centre. This will curb misplacement of loyalties militating against sustainability of the concept. Supervision has always been part of the duties of DHMT team members. YZ should be supervised as regularly as CHO are.

The community should see the volunteer concept as their own initiative to help themselves and should therefore be involved in consultations to select a volunteer for the community. Logistics such as raincoats, Wellington boots, and torchlights should be provided by the community to assist the YZ to work effectively even under unfavourable weather conditions. Above all, community members should contribute money to set up their drug fund, which can be used to pay for drugs at the district medical stores. This will lead to accountability.



Health committee undergoes training—gaining the tools to supervise the work of volunteers



Community members looking intently into YZ activities

With proper training, monitoring and strict supervision, communities can play an active part in health care delivery, and bring health services within their own doorsteps. With the YZ around, community members no longer have to travel long distances for the treatment of minor ailments. In addition, the activities of quacks are also held in check.

Clearly, there is a limit to volunteerism and people cannot volunteer forever. For various reasons the spirit of volunteerism and the enthusiasm with which people work declines over time. The spirit of volunteerism may die either because a YZ accepted the assignment with an ulterior motive that is not being realized. There may be some commitments that conflict with YZ work or a more lucrative opportunity has opened up elsewhere. Others simply get tired of being a volunteer. Female YZ are more

dedicated to their work than male YZ, although it is more difficult for communities to nominate females as YZ. Female YZ are more meticulous, sell more drugs, and submit reports more promptly than their male counterparts.

Conclusion

One clear advantage is that the YZ concept has allowed community members to be active participants in health service delivery instead of being passive recipients. The regular training has made the YZ a multi-purpose health worker first to his family and his community at large. YZ have reported that they find prestige in their work. YZ are happy to put smiles on people's faces, and that probably is what keeps them going.

Send questions or comments to: What works? What fails?

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